

Short literature notices

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Published online: 15 February 2012
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Annas, G. J: 2010, *Worst Case Bioethics: Death, Disaster, and Public Health*. New York: Oxford University Press. 335 pages. ISBN 978-0-195391732. Price: £15.99

George Annas examines worst case scenarios in the American context and assesses their impacts on individuals, physicians and the government. He wistfully discusses the diverging views on disconcerting topics such as death and disaster.

In the aftermath of World War II, international treaties such as the Universal Declaration of Human Rights and the revised Geneva Conventions aimed at providing a legal framework to foster the respect of basic human rights or regulating situations of conflict. However, post-9/11, the US government using the pretext of potential future terrorist attacks opted to disregard the latter rules of law. Annas illustrates that worst case scenario thinking has not benefited the country's reputation but that it rather affected its credibility and also argues that even in emergency situations the available legal frameworks should remain binding. Thus, there is no need to adopt double standards, which is all the more valid, insofar as the needs of people affected by death and disaster remain unchanged and therefore require identical protection from eventual human rights violations.

When scrutinizing the American healthcare system, Annas claims "a general right to necessary healthcare" and thereby opts for a human rights and social justice approach, which should not necessarily be inspired by the principle of

solidarity, but rather rely on the concepts of fairness and equal opportunity. As such, he insightfully pleads for a human rights approach that should value bioethical and social justice concepts as opposed to considering them as mutually exclusive.

Worst case bioethics is according to the author "what can happen when opposing sides each take extreme positions and the extreme positions taken are themselves a product of worst case scenario thinking". In such extreme situations patients' views collide with the physicians', physicians battle with lawyers resulting in the dispute of moral and legal norms. Consequently, there appears to be a need to guide professionals and according to the author, ethics and law should not be considered dichotomous but complementary whereby professional codes of ethics are considered useful tools to be also pertained in times of disasters.

As such good public policy would also value patients rights to choose treatments and carefully apply the notion of informed consent. In worst case situations however, guaranteeing patients their right to choose their treatment as well as respecting fundamental human rights may swiftly be considered superfluous for the sake of national security leading to blunt human rights violations. Suddenly, health and human rights do not appear to be inextricably linked anymore, as suggested by Jonathan Mann, instead, vague arguments echoed by politicians appear to justify discarding basic human rights laws. Finally, Annas further suggests that "the US should proclaim a new global public health policy based on transparency, trust, science, and most importantly, respect for human rights."

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Missa, J.-N. and Perbal, L. (eds.): 2009, *Enhancement: Ethique et Philosophie de la Médecine d'Amélioration*. Paris: Vrin. 224 pages. ISBN 978-2-711622078. Price: €15.00.

In this volume, Belgian scholars Jean-Noël Missa and Laurence Perbal collected fourteen essays on human enhancement which arise from a symposium held in 2008 at the Free University of Brussels. Their aim is to “stimulate the interest of francophone readers concerning questions about enhancement.” This is therefore a welcomed volume for French-speaking readers as “the debate about enhancement has been relatively quiet in the francophone world”. In a footnote, Missa and Perbal mention only four books in French discussing issues related to enhancement, from which two focus primarily on posthumanism and another on neuroethics. The French literature is limited comparing to the amount of English articles and books on enhancement.

The collection, like the symposium’s program, can be separated in three parts: enhancement and science fiction, conceptual clarification, and enhancement and sport. After Missa and Perbal frame the debate by giving a literature review, outlining the perspectives of bioliberals, bioconservatives and transhumanists, the first series of articles look at how science-fiction can help the debate. Gilbert Hottois argues that the current discussion lacks philosophical imagination. Philosophers could learn from science-fiction literature. Gérard Klein believes that science-fiction can be a source of inspiration for philosophical and ethical speculation. Jérôme Goffette differentiates medicine from *anthropotechnie*, which encompasses all techniques used to alter humankind. For him, they are radically different from and have no continuity with medicine. Sylvie Allouche, unlike Goffette, advocates that enhancing medicine should be part of this broader category.

In the second part, the focus shifts from science-fiction to conceptual clarification. Bernard Baertschi distinguishes two types of enhancement: enhancement beyond human “natural” limitation (what transhumanists advocate) and enhancement that seeks optimization (or excellence). For him, normative judgments on enhancement depend on which definition will be chosen. The former is a nightmare, while the latter will bring excellence to humankind. Jean-Yves Goffi argues that normative concepts concerning enhancement will not be found in different definitions of health and disease, but in the aim and intention of those wanting to enhance. Pascal Nouvel looks closely at amphetamines and outlines different type of transformation, some of which can be more dangerous and alter behavior. Céline Kermisch analyzes the concept of risk surrounding enhancing technologies.

In the last part, the discussion centers on doping in sport. For Patrick Laure, who investigates this issue, the protection of health and the respect of the spirit of sport should limit the

use of drugs. For Isabelle Quéval doping is a consequence of the idea of perfectibility and the emergence of elite sports. Doping is now dangerous, but Quéval asks, if we can develop non-harmful drugs, should we still ban doping or is it simply part of the game? Andy Miah, whose article is in English, argues that doping could improve athletic performance and should not be seen as against the “spirit of sport” but as part of society’s desire to always improve. Claudio Tamburrini argues that doping policies need to be reevaluated to fit with reality. Finally, Alex Mauron argues that bioconservatives have lost the debate. For him, we need to be free to enhance ourselves as long as we do not harm others. In this sense, he advocates a liberal ethic limited by the principle of non-maleficence. However, his “éthique démiurgique” differs from relativism and libertarianism as there is still a need for moral intuitions.

Three important points should be of interest to Anglophone readers. First, Goffette’s and Allouche’s introduction of “anthropotechnie” seems to be a notion not found in the English literature. It may be compared to Erik Parens’ notion of the “schmocters” who practice “schmedicine.” For Parens, the “schmocters” are patricians who do not see themselves as doctors and therefore do not share the goal of medicine, but of “schmedicine.” For Goffette, enhancement is a new activity, which differs from traditional medicine and gives humans the potential to alter themselves as they wish. However, to distinguish between anthropotechnie and medicine will not necessarily advance the debate, as it does not help us decide whether enhancement can be legitimately pursued. Calling it part of medicine or anthropotechnie tells us little about what ought to be done. Third, as mentioned above, Alex Mauron claims that bioconservatives have lost the debate. However, this appears hasty, as some bioliberals have found that bioconservative values are still needed, especially when arguing against the transhumanist project. In *Humanity’s End*, Agar acknowledges that being merely human has its value. He sees that some views held by bioconservatives still have a role in this debate. Similarly, one can surely disagree that bioconservatives have already lost the debate. For example, when new enhancing technologies become widely available, bioconservatives may simply refuse to use them. This conservative stance will not be a sign of an argument lost against another more liberal stance, but the choice of a different lifestyle motivated by a different perspective.

In general, this collection is a valuable resource for francophone readers. It introduces them to this mostly Anglophone debate and brings different perspectives from renowned scholars. It should also encourage scholars to attend to science fiction literature as a source of inspiration for their thinking and writing on enhancement issues. It could have been interesting to introduce French readers not

only to ethical issue in sports but also to enhancement issues such as designing babies, cloning, artificial intelligence, uploading minds to machines, and so on. Otherwise, the collection as a whole is excellent in covering the debate.

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Nowenstein, G.: 2010, *The Generosity of the Dead. A Sociology of Organ Procurement in France*. Farnham: Ashgate. 190 pages. ISBN 987-0754320. Price: £55.00

Graciela Nowenstein offers an in-depth study of organ procurement in France in which she analyses the relations between the shop floor and the law presuming consent to donation. This French case challenges the common assumption in debates about organ transplantation that presumed consent systems of organ procurement generate more donor organs than express consent systems. Central to Nowenstein's approach is the recognition of normative pluralism, a perspective in which the law is seen as only one set of norms and rules regulating a situation. In addition to legal rules there are also rules and norms that are structured in a social and cultural setting.

The book starts with an historical overview of transplantation medicine and the policy accompanying its development. In 1976 the French Parliament took notice of the potential benefits of transplantation medicine which were not sufficiently reaped, due to a mismatch between supply and demand of organs. Senator Caillavet therefore suggested that a law presuming donor consent would help physicians to circumvent the opposition of relatives of a potential donor. The expectation was that the 'Caillavet law' would lead to increasing numbers of donor organs, it would stimulate medical progress and public health; and it would put solidarity and rationality at the heart of French citizenship. Neither this law, nor the laws on bioethics of 1994 and 2004 had the expected effect of raising the number of donors. The "Caillavet law" was never systematically enacted on the shop floor.

Part two of the book offers detailed descriptions of the highly complex situations with brain dead bodies and grieving relatives in intensive care units. Until the early nineties organ procurement practices and the participation of relatives in decision making were very much dependent on local specifics. After a series of scandals, relatives and media pushed toward more transparency about organ procurement. With increased transparency a more common framework of social norms and rules emerged. Central elements in this framework were concern for the future relations between family members and estimations of the impact of donation on their mourning process.

Part three moves back from the shop floor to the law. Unlike many legal scholars, the professionals do not think that the non-application of the law renders either law or practice illegitimate. Professionals seem to take a more sociological view of normative pluralism. The law provides one of the normative orders in their practice of organ procurement, and legal norms do not necessarily overrule other socially embedded normative orders. A strict application of the law is seen as abusive; however professionals do endorse the notion of solidarity underpinning the law.

Nowenstein's book enriches our understanding of organ procurement practice and policy with empirically grounded theoretical insights. In debates about opting-out systems of organ donation this book can nourish the hesitations that up till now are often labelled as irrational and incoherent. Beyond the field of organ transplantation the book offers valuable insights about relations between laws and the practices that laws aim to regulate.

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Sellman, D.: 2011, *What Makes a Good Nurse. Why the Virtues are Important for Nurses*. London: Jessica Kingsley Publishers. 224 pages. ISBN 278-1843109327. Price: € 29,00

Situated in the realities of the nursing profession, Derek Sellman draws on his rich experiences as a teacher of nursing and his reflections as a philosopher. Alan Cribb begins his foreword in Sellman's book by saying: "Those of us who are lucky enough to have friends who are nurses know that, in broad terms, it is the character qualities that we admire in them that go towards making them good nurses" (p.12). It becomes clear in Sellman's book that nursing is about what kind of people they *are* and not just what they *do*. Or in a broader sense, one could say, *how* nurses act is strongly related to their character.

The book starts out with a rather formal introduction, letting the reader know about the nomenclature, definitional difficulties in nursing and nursing codes. In the first chapter nursing ethics is understood as a main part of professional nursing and characterised from the perspective of teaching. In the second chapter, Sellman explains the idea of vulnerability and identifies patients as "*more-than-ordinarily* vulnerable people" (p. 67). He explains why nurses should have a protective role in this regard. The chapter ends by explaining the vulnerability of nurses: "It should be clear that nurses are ordinarily vulnerable just like everybody else. Indeed nurses, like all others health care professionals and like all other people, are just as likely to become patients, and it is not unknown for the experience of being a patient to lead some individuals to want to become nurses" (p. 71).

In chapter three, Sellman identifies nursing as a MacIntyrean practice (p. 93). Emphasizing that it is not a simple action, but a practice, Sellman concludes that it needs to be treated as such. It can only flourish when nurses' independent ideas are communicated along with practice, which implies that nurses would have to resist turning that practice into a technique.

In chapter four (Trust and Trustworthiness) and five (Open-mindedness) Sellman invites us into a dialogue between science, morality and concrete nursing practices. From the standpoint that human beings are vulnerable (p. 51) and the vulnerable patient is in the center of interest of nursing, Sellman thinks that trustworthiness, open-mindedness and courage are the core professional virtues of practice. By giving examples that are grounded in every day practices in a nurse's world, he explicates the relevance of trustworthiness and open-mindedness. What he sees as being characteristic of these virtues is: "... a nurse (that) genuinely wants to know whether her or his practice is contributing to the flourishing of *more-than-ordinarily vulnerable* persons and in pursuit of this goal is open to the possibility that current practice may need to change in the light of appropriate evidence" (p. 171). In consequence, for Sellman, this nurse is taking seriously her or his "epistemic responsibilities" (p. 171).

The idea that nurses should be trustworthy and open-minded is very clear for the author because it is consistent with both, with general assumptions of how nurses should behave and with professional expectations. However, for Sellman, the idea that nurses should be courageous, "... is not so obvious although it should take only a moment of reflection to recognise that in those situations where the best interests of patients might be at risk the requirement for nurses to stand up and be counted (as it were) may require a great deal of courage; whistleblowers, for example, are often subject to considerable professional and personal costs for their efforts" (p. 105).

The author does not end his book before having placed virtues ethics in the educational field of nurses. In chapter six his point about making a distinction between moral training and moral education is plausible. According to Sellman, the aim of moral education is to assist individuals to recognize and develop their idea of moral agency which cannot be achieved by training. He explains vividly: "It is possible to train a dog to perform certain tricks or train a parrot to say certain words, but in so acting (so far as we know) neither the dog nor the parrot are engaging with moral agency. So we might train our paratrooper and our nurse to do certain things but even in so doing we accept that neither will do these things without retaining their capacity for moral agency" (p. 185).

This book is published at a time in which it seems that virtue ethics is having a revival in applied medical ethics, and this also accounts for nursing ethics. The picture of

what makes a good nurse as drawn by Derek Sellman should be debated, to see what nurses should or need not aim for. Especially nursing students will be interested in discussing virtues ethics and how to cope with difficult circumstances in order to realize the virtues into practice.

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Al-Rodhan, N. R. F.: 2011, *The Politics of Emerging Strategic Technologies: Implications for Geopolitics, Human Enhancement and Human Destiny*. Hampshire, UK: Palgrave Macmillan. 288 pages. ISBN 978-0230290846. Price: €71.99

Dr. Nayef Al-Rodhan is a philosopher, neuroscientist and geostrategist. He is a Senior Associate Member of St. Antony's College at Oxford University, and Director of the Geopolitics of Globalisation and Transnational Security Programme at the Geneva Centre for Security Policy, in Geneva. In *The Politics of Emerging Strategic Technologies, Implications for Geopolitics, Human Enhancement and Human Destiny*, he examines emerging technologies and the consequences of their application to human beings.

First, he introduces eight key emerging technologies: information and communications technology, energy and climate change, health care, biotechnology, genomics, nanotechnology, materials science, and artificial intelligence. For each technology, Al-Rodhan explains the nature and potential, reviews the broader context, evaluates the innovation, looks at the relevant international regulatory structure (or the lack thereof), and finally analyzes the influence on geostrategy and global politics.

In the second part of the book, Al-Rodhan takes all the technologies discussed in part one and looks at how they merge in order to improve humankind. After defining enhancement, and introducing the debate, he argues that "wide scale human enhancement is not a question of if but of when" and that *transhumanism* is inevitable (p. 10). Finally, he suggests some criteria for a regulatory framework of human enhancement.

The strength of this book is also its weakness: it is a great introductory resource informing about emerging technologies and possible applications on humankind. However, because the book is so broad, it lacks a certain depth. The author acknowledges that part 1 provides "a bird's eye view of technologies and their impact" (p. 172). But each technology presented deserves a fuller account. In part two, some important details are missing. For example, while the book gives a great introduction on the debate of human enhancement, it only presents two of the three major voices in the debate. Al-Rodhan outlines the views of bioconservatives and transhumanists, but omits to

mention bioliberals such as John Harris, Julian Savulescu, Nicholas Agar, Erick Parens, Thomas Murray, and Allen Buchanan.

Additionally, Al-Rodhan's analysis appears contradictory at three significant points. First, on the one hand, he strongly argues that eugenics differs from enhancement. For him, "Parents ... should be able to decide on their own whether to do embryonic screening to test for genetic disease in their unborn child, or whether to make intrinsic improvement, such as increased intelligence, to their child's genetic" (p. 181–182). But on the other hand, he argues that these technologies will need to be regulated by strong governments or other bodies (p. 271). Yet if there were strict governmental regulations, wouldn't the risk of falling back to eugenics be even greater? Wouldn't this contradict individuals' freedom to choose their own good? Eugenics is, after all, the imposition of some ideas of the good by the State on its citizens.

Second, he strongly advocates the protection of human dignity and worries that we "will alter human nature to a point where we will no longer be human" (p. 241). But, can we still talk of 'human dignity' once humankind become transhuman or posthuman? Third, he fears that "the human race [will] lose control of its destiny" (p. 241). However, he is quite certain and fatalistic that humans are destined to become transhumans. If humans are in control of their destiny, could they choose not to become transhumans?

In spite of these shortcomings, I still recommend the book for policymakers and anyone interested in the future of emerging technologies, as it gives a great introduction to each technology. It is informative, well structured and easy to follow. The style is clear and enjoyable to read. This book helps understand the landscape of the debate and gives a solid foundation for further analysis.

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Berg Friis, J.K., Rossel, P., Slot Norup, M. (eds.): 2011, *Philosophy of Medicine: 5 Questions*. Milton Keynes, UK: Automatic Press. 206 pages. ISBN: 978-8792130402. Price €29.20

Philosophers and physicians have asked questions about the nature of health and illness through the ages. In this sense philosophy of medicine has existed for millennia, but, as a *discipline*, it is only about half a century old. This time span is, however, long enough to take a look back.

Three Danish philosophers of medicine have edited a collection that looks back but, to some extent, also forward. The editors do this by posing the same 5 questions to 15 prominent researchers who have been working in this field for decades. All of the authors have a background in philosophy; four of them also have a medical degree. Three

authors are American, and the rest are from Northern or Western Europe.

The first question asked was "Why were you initially drawn to Philosophy of Medicine?" As could be assumed, the routes were very different, and many point to certain people or the role of chance. Sören Holm, for example, would still be working in neurophysiology had he not become allergic to rats. The second and fourth questions asked about the authors' own work and, in particular, the parts of their work that have not been appreciated or have been criticised. The third question was about the possible social-political obligations that follow from studying medicine from a philosophical point of view. The fifth question looked forward and asked "How can the most important problems concerning Philosophy of Medicine be identified and explored?"

The style and length of the answers vary a great deal. One author wrote only 2 pages, while some authors used 20 pages. Some list pages of references, others none at all. Sometimes the answers include detailed descriptions of the author's own work and even short commentaries to critics. To give two examples, Henk ten Have reminds us that medicine and philosophy have been intimately related for most of their history. The separation took place only recently, with the emergence of medicine as a natural science. The success of this new medicine blinded the eyes of many, including the well-known Swiss psychiatrist Eugen Bleuler, who argued in the 1920s that medicine and philosophy should be kept separate; otherwise "one will end up with a mixture of chocolate and garlic". Most of the authors in this book do not strongly question the nature of medicine as a scientific discipline, but Daniel Callahan, one of the founding fathers, writes that he takes "medicine to be a humanistic discipline that makes use of science to pursue its ends". Callahan wants to "reject a common belief that medicine is a scientific discipline with some secondary humanistic values and aims".

It was presumably not easy to select the authors for this book, and probably some declined the invitation for various reasons. However, the current group represents a wide spectrum of backgrounds and careers, and the only ones I missed were Henrik Wulff and Edmund Pellegrino. However, the editors could have taken the proof-reading more seriously. The name of the book is wrong already on the title page: "Philosophy of Science" (instead of "Philosophy of Medicine", which is the one that appears on the cover). Four pages of Henk ten Have's references are printed also after Ruth Macklin's chapter, and the reader does not know whether the latter wanted to list any references or not. These are minor shortcomings, however, and, as a whole, the book paints a rich and colourful picture of the field.

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